



2008 Flexible Spending Account (FSA) Open Enrollment

Please note that an important change is being made to the City's FSA. Beginning in 2008, the FSA will operate on a July 1 through June 30 plan year instead of on a January 1 through December 31 plan year. This change is being made so that the FSA operates on the same plan year as all other benefit plans.

In order to make this transition:

- Two open enrollments will be conducted for 2008 FSA accounts.
- One will be conducted from November 2 through November 26, 2007 for the short plan year that will take place between January 1 and June 30, 2008.
- Another will be conducted with the traditional benefit open enrollment period in April 2008 for the full 12-month plan period July 1, 2008 through June 30, 2009.

Maximum Enrollment Amounts for January 1 – June 30.

- Health Care FSA will be \$3,000
- Dependent Care will be \$2,500

Remember, due to IRS regulations amounts left in the account at the end of the plan year will be forfeited.

This enrollment form must be completed, signed and returned to Human Resources (HR101) by November 26, 2007. **If you are currently enrolled in a 2007 spending account(s) and are interested in continuing your participation, you must complete a new enrollment form.** Your current 2007 contributions are shown below. Employees who do not return the enrollment form will not be enrolled in the FSA for the period January 1 through June 30, 2008. Further information regarding the FSA plan can be found on the City's Internet site, www.ScottsdaleAZ.gov/jobs/benefacts/.

To enroll in Spending Accounts for January 1 through June 30, 2008, you must complete the bottom portion of this document, sign it, and send the entire document to Human Resources (HR101) by November 26, 2007.
Please retain a copy for your files.

FSA ENROLLMENT FORM – JANUARY 1, 2008 THROUGH JUNE 30, 2008

EMPLOYEE NAME: _____

EMPLOYEE #: _____

Health Care Spending Account (Maximum \$3,000 for the six-month period, deduction is taken over 12 pay periods)

- ☐ No Health Care Spending Account
- ☐ Health Care Spending Account Six-month amount \$ _____

Dependent Care Assistance (Maximum \$2,500 for the six-month period, deduction is taken over 13 pay periods)

- ☐ No Dependent Care Assistance Account
- ☐ Dependent Care Assistance Plan Six-month amount \$ _____

AUTHORIZATION: By execution of this enrollment form, I understand that Flexible Spending Accounts are governed by IRS regulations and I may not change the election during the plan year except in the event of a life change. I authorize the City of Scottsdale to make the necessary before-tax payroll deduction(s). I understand all claims submitted are subject to substantiation requirements and I am required to, and agree to, provide documentation as requested. Any unused amounts remaining in my account(s) at the end of the plan year will be forfeited.

Employee Signature _____ Date: _____